

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application of Budget Movers of Augusta,
Inc for a Class E (Household Goods)
Certificate of Public Convenience and
Necessity for Operation of a Motor Vehicle
(Statewide)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2020 - - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Budget Movers of Augusta, Inc.

Telephone: 706-869-8454

Address: 4001 McDaniel Road
Augusta, Georgia 30909

Fax: 706-650-0453

Other:

Email: mthirdparty@aol.com budgetmovers.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: June 24, 2020

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties)

Amended Scope:
(list counties)

1. Budget Movers of Augusta, Inc.

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

4001 McDaniel Road
Street Address of Applicant

Augusta, Georgia 30909

Mailing Address of Applicant (if different from street address)

706-869-8454

Phone

706-656-0453

FAX

~~mrthirdparty@aol.com~~
Email Address

~~budgetmoversaugusta@aol.com~~

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

James Furlong
Kelly Young

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☒ Yes ☐ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		Liabilities:	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	141421.00	Loans Owed on Motor Vehicles	36189.16
Cash on Hand	329.77	Business/Other Loans Owed	201145.00
Cash in Bank	51501.98	Other Liabilities or Debts	2200.00
Value of Other Assets and Equipment	2747.00	Total Liabilities	239534.16
Total Assets	195999.75		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Hourly rate (30 miles or less) 2 hr minimum
 2 men + truck 99/hr + 1 hr travel of 99
 3 men + truck 137/hr + 1 hr travel of 137
 4 men + truck 170/hr + 1 hr travel of 170

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

	MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
78	Ford	2000 E350	1FDWE35S8YHA83614	8200
26	Gmc	2000 C6500	1G0G6H1B0YJ906050	13,300
79	Ford	2000 E350	1FDWE35S3YHA55137	8200
29 trailer	Mid	2008 7x8 cur trailer	1M9BU1826J1818270	3000 lb
27	Gmc	2008 Chevy C5042	1G0G5C1E15F902362	15,000 lb
40	FTL	2015 m2	3ALACWDT4FD0C1060	18,000 lb
29 2008	Gmc	2006 TK	1G0G5C1G76F901929	13100
67	FTL	2015 m2	3ALACWDT4FD0C1067	18,000 lb
TR	LOOK	2019 UL trailer	53BLTEA21KU034219	1200 lbs

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Budget Movers of Augusta, Inc.
Name of Applicant

4001 McDaniel Road, Augusta Georgia 30909
Address of Applicant

Amount of Premium:

Liability Insurance \$ \$13,474.⁰⁰/₁₀₀
Cargo Insurance \$ 2,698.⁰⁰/₁₀₀

Limits Quoted: (See Below)

Limits \$1,000,000.⁰⁰/₁₀₀
Limits \$100,000.⁰⁰/₁₀₀
see attached quote.

* Attach Certificate of Insurance if available.

Transguard Insurance Company of America, Inc.
Name of Insurance Company

301 N. Lake Avenue, Ste. 400, Pasadena, CA. 91101
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

You have submitted the following insurance filings. **Your account will be billed \$ 11.00 .**

Electronic forms will be sent to the corresponding state agency automatically. To submit paper filings, please print out the form now and mail/fax to the state. *Paper filings are not submitted to states via MCInfo.*

Filing Summary

Insurance Information

Insurance Company	TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
Authorized Signature	Bryan Orfila
Insurance Agent ID	
Form Type	Form EH
Reinstate	No

Certificate of Insurance

Policy Number	TCP0001205
USDOT #	2145512
FMCSA #	825284
Underlying Limit	0
Liability Limit	750,000.00
Effective Date	08/05/2020

South Carolina

Insurer #

State MC ID

Legal Name

BUDGET MOVERS OF AUGUSTA INC

DBA

Address

4001 A MCDANIEL RD

City

AUGUSTA

State

GA

Zip

30909

Country

Notes

Motor Carrier Information - Non-Electronic Filing States

No non-electronic filing states submitted.

Create Another Filing

Back to Top

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
Detail of Policy Limits and Premiums

Insured:	BUDGET MOVERS OF AUGUSTA INC	Quote No.	QCP0001205-03
Proposed Effective Date:	9/25/2020	Proposed Expiration Date:	9/25/2021

Coverages	Loc#	Address	Coverage Limits	Deductibles Standard	Wind/Hail/Cat	Other Conditions or Factors	Premiums
Enhancement			\$0			Option B	\$150.00
Building	1-1	4001 MCDANIEL RD., SUITE A	\$204,039	1000		90% RCP	\$1,000.00
Building-Terrorism	1-1	4001 MCDANIEL RD., SUITE A	\$204,039	1000		90% RCP	\$2.00
Personal Property	1-1	4001 MCDANIEL RD., SUITE A	\$25,000	1000		90% RCP	\$235.00
Personal Property-Terrorism	1-1	4001 MCDANIEL RD., SUITE A	\$25,000	1000		90% RCP	\$1.00
Commercial Property Total							\$1,388.00
Cargo Liability Coverage			\$100,000	1000	None	Any One Loss	\$0.00
Cargo Liability Coverage			\$100,000	1000	None	Aggregate in Transit	\$2,146.00
Cargo Enhancement						Option B	\$200.00
Electronics			\$5,000	1000		90% ACV	\$92.00
Equipment			\$20,000	1000		90% ACV	\$260.00
Inland Marine Total							\$2,698.00
Operations Liability			\$1,000,000	1000		Each Occurrence	\$0.00
Operations Liability			\$2,000,000	1000		General Aggregate	\$478.00
Products/Completed Operation			\$2,000,000	1000		Aggregate	\$0.00
Personal/Advertising Injury			\$1,000,000	1000		Any One Person	\$0.00
Damage to Premises Rented to You Limit			\$100,000	1000		Any One Premises	\$0.00
Medical Expense Limit			\$5,000	1000		Any One Person	\$0.00
Employee Benefits Liability						Not Covered	\$0.00
Enhancement						Standard	\$150.00
Insurance Line Min Prem				1000		Standard	\$272.00
General Liability Total							\$900.00
Bodily Injury & Property Damage			\$1,000,000	1000		61	\$11,899.00
Medical Payments			\$2,000			67	\$376.00
Personal Injury Prot or 1st Party			Statutory				\$0.00
UM/UIM			\$1,000,000			62	\$934.00
Liability Enhancements						Standard	\$265.00
Auto Liability Total							\$13,474.00
Phys Dmg Enhancements						Standard	\$80.00
Collision				1000		67, 68	\$2,365.00
Comprehensive				1000		67, 68	\$947.00
Garagekeepers Collision			\$50,000	500			\$250.00
Garagekeepers OTC			\$50,000	500			\$267.00
Trailer Interchange Comp			\$75,000			69, 69	\$92.00
Trailer Interchange Coll			\$75,000	500		69, 69	\$8.00
Hired Auto Comprehensive				100		Hired	\$37.00
Hired Auto Collision				1000		Hired	\$51.00
Auto Physical Damage Total							\$4,097.00
Employee Theft Blanket			\$25,000	1000		Default Value	\$367.00

Quotation
Page 3

Acceptance: _____

Date of Proposal: 9/23/2020

Exhibit Fit, Willing, and Able (FWA)

Budget Movers of Augusta, Inc.
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☒ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)


SWORN TO BEFORE ME

This _____ day of _____, 20____

Notary Public

Commission Expires _____

Personal Identification Information

Name of Applicant: James A. Furlong
Address: 4001 A McDermid Rd
Georgetown GA 30909
Federal Employer
Identification Number: 

***** Confidential *****

For Internal Use Only

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Budget Movers of Augusta, Inc.

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Jim Furlong, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This _____ day of _____, 20____


Applicant's Signature

Notary Public

Commission Expires _____

Print Application

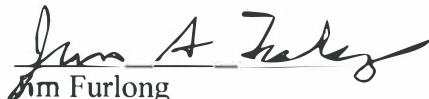
BEFORE
THE PUBLIC SERVICE COMMISSION OF
SOUTH CAROLINA
DOCKET NO. 2020-__T

Application Budget Movers of Augusta, Inc.
for a Class E (Household Goods) Certificate of
Public Convenience and Necessity for
Operation of a Motor Vehicle Carrier

VERIFICATION

I certify that the foregoing statements made by me on page 8 of the Application in the above captioned docket are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment by contempt.

Date: 9/11/20


Jim Furlong
President
Budget Movers of Augusta, Inc.

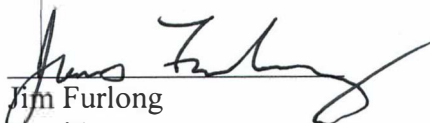
BEFORE
THE PUBLIC SERVICE COMMISSION OF
SOUTH CAROLINA
DOCKET NO. 2020-__T

Application Budget Movers of Augusta, Inc.
for a Class E (Household Goods) Certificate of
Public Convenience and Necessity for
Operation of a Motor Vehicle Carrier

VERIFICATION

I certify that the foregoing statements made by me on page 10 of the Application in the above captioned docket are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment by contempt.

Date:


Jim Furlong
President
Budget Movers of Augusta, Inc.

Control Number : 11080374

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of Georgia, do hereby certify under the seal of my office that

BUDGET MOVERS OF AUGUSTA, INC
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

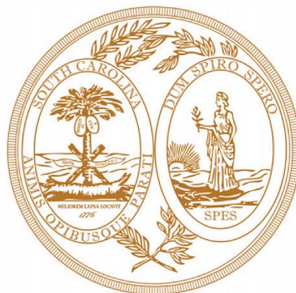
This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19641433
Date Inc/Auth/Filed: 10/25/2011
Jurisdiction : Georgia
Print Date : 10/05/2020
Form Number : 211

Brad Raffensperger
Brad Raffensperger
Secretary of State



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Budget Movers of Augusta, Inc., a corporation duly organized under the laws of the state of Georgia and issued a certificate of authority to transact business in South Carolina on September 11th, 2020, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 5th day of October, 2020.


Mark Hammond, Secretary of State

Terreni, Charles L.A. <charles.terreni@terrenilaw.com>



Fwd: Request for letter of compliance

4 messages

budgetmoversaug@aol.com <budgetmoversaug@aol.com>
Reply-To: budgetmoversaug@aol.com
To: "charles.terreni@terrenilaw.com" <charles.terreni@terrenilaw.com>

Please see below as the answer from them on giving a letter of compliance. Do you want a copy of our certificates. Please note how it long it took to get this information from them. We are still trying to do this, it's just been a process.

-----Original Message-----
From: Brittany Freney <bfreney@gsp.net>
To: budgetmoversaug@aol.com <budgetmoversaug@aol.com>
Sent: Tue, Aug 18, 2020 3:00 pm
Subject: RE: Request for letter of compliance

Good Afternoon,
We do not draft letters like that. The only thing that we provide carriers is the Original Certificates that you received in the mail when you first apply for your Interim and Permanent.

Brittany Freney
Household Goods Compliance Specialist Manager
PO Box 1456
Atlanta, Georgia 30371
Phone: 404-624-7241



From: budgetmoversaug@aol.com <budgetmoversaug@aol.com>
Sent: Tuesday, August 4, 2020 11:42 AM
To: Brittany Freney <bfreney@gsp.net>
Subject: Fwd: Request for letter of compliance

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Checking to see if you got a chance to do this.
Thanks
Kelly Young
Office Manager
Budget Movers of Augusta, Inc.

-----Original Message-----
To: bfreney@gsp.net <bfreney@gsp.net>
Sent: Mon, Jul 20, 2020 12:16 pm
Subject: Request for letter of compliance
Please see attached.

Thank you
Kelly Young
Office Manager
Budget Movers of Augusta, Inc.